

<i>SERFF Tracking Number:</i>	<i>APLE-126871572</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>IA American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47113</i>
<i>Company Tracking Number:</i>	<i>GDWL101AR</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Golden Solution (ROP)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: IA American Life Insurance Company

Product Name: Golden Solution (ROP)

SERFF Tr Num: APLE-126871572 State: Arkansas

TOI: L07I Individual Life - Whole

SERFF Status: Closed-Withdrawn State Tr Num: 47113

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: GDWL101AR

State Status: Withdrawn

Filing Type: Form

Reviewer(s): Linda Bird

Author: Lisa Kaiser

Disposition Date: 11/01/2010

Date Submitted: 10/22/2010

Disposition Status: Withdrawn

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/01/2010

Explanation for Other Group Market Type:

State Status Changed: 11/01/2010

Deemer Date:

Created By: Lisa Kaiser

Submitted By: Lisa Kaiser

Corresponding Filing Tracking Number:

GDWL101AR

Filing Description:

The above referenced forms are being submitted for your consideration and approval. The forms will not replace any existing policy forms currently in use. The policy contains no unusual or controversial features or language that deviate from normal insurance industry standards.

Form GDWL101 is an individual non-participating Graded Death Benefit Whole Life Insurance Policy. If death occurs in the first three policy years (issue ages under 65) or if death occurs in the first two years (issue ages 65 and older), the amount of the death benefit will be the return of premium plus interest.

Application Form GL213AR is the life insurance application to be used when applying for this product.

SERFF Tracking Number: APLE-126871572 State: Arkansas  
Filing Company: IA American Life Insurance Company State Tracking Number: 47113  
Company Tracking Number: GDWL101AR  
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
Product Name: Golden Solution (ROP)  
Project Name/Number: /

This product will be marketed without an illustration. The product does not have non-guaranteed elements

## Company and Contact

### Filing Contact Information

Lisa Kaiser, Compliance Assistant  
17550 N. Perimeter Drive  
Suite 210  
Scottsdale, AZ 85255-0131  
lisa.kaiser@iaplife.com  
888-473-5540 [Phone] 5532 [Ext]  
480-563-0252 [FAX]

### Filing Company Information

IA American Life Insurance Company  
17550 N. Perimeter Dr.  
Suite 210  
Scottsdale, AZ 85255-0131  
(480) 473-5540 ext. [Phone]  
-----  
CoCode: 91693  
Group Code: 315  
Group Name: Industrial Alliance  
Group  
FEIN Number: 13-3036472  
State of Domicile: Georgia  
Company Type: LAH  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
IA American Life Insurance Company	\$50.00	10/22/2010	41054605
IA American Life Insurance Company	\$250.00	10/26/2010	41183884

SERFF Tracking Number:	APLE-126871572	State:	Arkansas
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Product Name:	Golden Solution (ROP)		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Linda Bird	11/01/2010	11/01/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/27/2010	10/27/2010			
Pending Industry Response	Linda Bird	10/26/2010	10/26/2010	Lisa Kaiser	10/26/2010	10/26/2010

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re: Withdrawal	Note To Reviewer	Lisa Kaiser	10/29/2010	10/29/2010
Disclosure Statement	Note To Filer	Linda Bird	10/27/2010	10/27/2010

<i>SERFF Tracking Number:</i>	<i>APLE-126871572</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Golden Solution (ROP)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 11/01/2010

Implementation Date:

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	APLE-126871572	State:	Arkansas
Filing Company:	IA American Life Insurance Company	State Tracking Number:	47113
Company Tracking Number:	GDWL101AR		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.111 Single Premium - Single Life
Product Name:	Golden Solution (ROP)		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Policy & Benefit Information		Yes
Form	Graded Death Benefit Whole Life Insurance Policy		Yes
Form	Children's Term Insurance Agreement		Yes
Form	Terminal Illness Accelerated Benefit Rider		Yes
Form	Final Expense Life Insurance Application		Yes
Form	Terminal Illness Disclosure Statement		Yes
Form	Terminal Illness Payment Statement		Yes

SERFF Tracking Number: APLE-126871572 State: Arkansas  
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TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
Product Name: Golden Solution (ROP)  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/27/2010  
Submitted Date 10/27/2010  
Respond By Date 11/29/2010

Dear Lisa Kaiser,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The contract is in violation of both Guideline One and Two of this bulletin. In order to comply with Bulletin 8-85 the death benefit will need to be a set dollar amount or % of the face amount for first year, second year and third year. The death benefit can not be a return of premium with or without interest. Accidental death benefits in such amount as to increase the total benefit to that payable after the period of reduced benefits is misleading and appears to be contrary to Ark. Stat. Ann. s 66-3323(1)(b), such provision will not be approved.

We did not find a provision in the contract that provide for the payment of interest on delayed death claim payments as described in Ark. Code Ann. 23-81-118.

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

*SERFF Tracking Number:*      *APLE-126871572*      *State:*      *Arkansas*  
*Filing Company:*      *IA American Life Insurance Company*      *State Tracking Number:*      *47113*  
*Company Tracking Number:*      *GDWL101AR*  
*TOI:*      *L071 Individual Life - Whole*      *Sub-TOI:*      *L071.111 Single Premium - Single Life*  
*Product Name:*      *Golden Solution (ROP)*  
*Project Name/Number:*      */*

## **Objection Letter**

Objection Letter Status      Pending Industry Response  
Objection Letter Date      10/26/2010  
Submitted Date      10/26/2010  
Respond By Date      11/26/2010

Dear Lisa Kaiser,

    This will acknowledge receipt of the captioned filing.

### **Objection 1**

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$250.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: APLE-126871572 State: Arkansas  
Filing Company: IA American Life Insurance Company State Tracking Number: 47113  
Company Tracking Number: GDWL101AR  
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
Product Name: Golden Solution (ROP)  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/26/2010  
Submitted Date 10/26/2010

Dear Linda Bird,

### Comments:

### Response 1

Comments: I attached additional amount of \$250.00.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$250.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you

Sincerely,  
Lisa Kaiser



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<i>Product Name:</i>	<i>Golden Solution (ROP)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

**Note To Reviewer**

**Created By:**

Lisa Kaiser on 10/29/2010 04:01 PM

**Last Edited By:**

Lisa Kaiser

**Submitted On:**

10/29/2010 04:01 PM

**Subject:**

Re: Withdrawal

**Comments:**

Linda,

Could you please withdrawal this product.

Thank you

*SERFF Tracking Number:*      *APLE-126871572*                      *State:*                      *Arkansas*  
*Filing Company:*              *IA American Life Insurance Company*              *State Tracking Number:*      *47113*  
*Company Tracking Number:*      *GDWL101AR*  
*TOI:*                      *L071 Individual Life - Whole*                      *Sub-TOI:*                      *L071.111 Single Premium - Single Life*  
*Product Name:*              *Golden Solution (ROP)*  
*Project Name/Number:*      /

**Note To Filer**

**Created By:**

Linda Bird on 10/27/2010 09:32 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

10/27/2010 09:33 AM

**Subject:**

Disclosure Statement

**Comments:**

The Disclosure Statement was included for the accelerated benefit rider in your submission. I apologize for the error.

SERFF Tracking Number: APLE-126871572 State: Arkansas

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TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Golden Solution (ROP)

Project Name/Number: /

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GDWL101	Policy/Cont	Graded Death ract/Fratern Benefit Whole Life al Insurance Policy Certificate	Initial		73.000	GDWL101.pdf
	CIB302	Certificate	Children's Term Insurance Agreement	Initial		51.000	CIB302.pdf
	TIA302	Certificate	Terminal Illness Accelerated Benefit Rider	Initial		57.000	TIA302.pdf
	GL213AR	Application/Final Enrollment	Expense Life Insurance Application Form	Initial		44.000	GL213AR.pdf
	TI501	Other	Terminal Illness Disclosure Statement	Initial		61.000	TI501.pdf
	TI502	Other	Terminal Illness Payment Statement	Initial		45.000	TI502.pdf



[Customer Service Center  
P.O. Box 2549, Waco, Texas 76702-2549  
Toll Free: 800-736-7311]

## **GRADED DEATH BENEFIT WHOLE LIFE INSURANCE POLICY**

We will pay the Death Benefit of this Policy to the Beneficiary, as provided herein, if the Insured dies while this Policy is in force. Payment will be made when we receive Due Proof of the Insured's Death, and will be subject to the terms of this Policy.

This Policy is a legal contract between the Owner and the Company. The consideration for this contract is the application and payment of the first premium. The first premium must be paid on or before delivery of this Policy.

SIGNED AT THE HOME OFFICE IN THE DATE OF ISSUE.

A handwritten signature in black ink, appearing to read 'J. Brothers'.

Secretary

A handwritten signature in black ink, appearing to read 'M. Stik'.

President

### **CANCELLATION DURING FIRST 30 DAYS**

You may return this Policy within 30 days after delivery if you are not satisfied with it for any reason. The Policy may be returned to us or to the agent through whom it was purchased. Upon surrender of the Policy within the 30 day period, it will be void from the beginning, and we will refund any premium paid.

**GRADED DEATH BENEFIT WHOLE LIFE INSURANCE  
PREMIUMS PAYABLE FOR PERIOD SPECIFIED ON PAGE THREE  
NON-PARTICIPATING**

***READ YOUR POLICY CAREFULLY***

## INDEX

Page	Page
Age or Sex Incorrectly Stated .....	Options Upon Default of
Annual Premium.....	Payment of Premium ..... 5
Automatic Premium Loan Option .....	Owner..... 4
Basis of Policy Values .....	Policy Loan Provisions..... 7
Beneficiary.....	Premium..... 5
Cash Value.....	Proceeds..... 6
Change of Ownership or Beneficiary .....	Reinstatement..... 5
Contract.....	Settlement Options .....
Date of Issue .....	8, 9
Grace Period .....	Suicide .....
Incontestability.....	5
Maturity Date.....	Table of Nonforfeiture Values .....
2, 3	3A
	Termination of the Policy .....
	5

## DEFINITIONS

Where used in this Policy:

We, Us or Our - refers to IA American Life Insurance Company.

"You" or "Your" is the Owner of this Policy as defined.

"Net Cash Value" is the Cash Value less any Indebtedness on this Policy.

"Due Proof of Death" means those documents and written instruments required by the Company to verify the death of the Insured, as well as the documents and written instruments necessary to establish the right of the person or persons claiming the benefits to receive those benefits claimed.

"Recorded by the Company or Recorded" is the actual receipt and modification of the Company's records according to normal Company procedures.

"Indebtedness" is the principal of any outstanding policy loan on this Policy, together with due and accrued policy loan interest.

"Policy Anniversary Date" is the same day and month as the Date of Issue shown on Page 3 for each succeeding year.

"Written Request" is a written document that is signed by the Owner, dated, and received and recorded in Our Home Office, in a form acceptable to Us directing Us to take any actions regarding this Policy.

"Home Office" means IA American Life Insurance Company located in Scottsdale, Arizona, and administered in Waco, Texas.

"Maturity Date" is the Policy Anniversary following the Insured's 100th birthday.

BENEFIT DESCRIPTION	ANNUAL PREMIUM
GRADED DEATH BENEFIT WHOLE INSURANCE	\$323.90 FOR LIFE
TOTAL ANNUAL PREMIUM	\$323.90
ISSUED METHOD OF PAYMENT – ANNUAL	\$323.90
OTHER METHODS OF PAYMENT	
SEMIANNUAL	\$165.84
QUARTERLY	\$ 83.89
MONTHLY	\$ 28.18

PREMIUM CLASS: NON-TOBACCO

INSURED: JOHN DOE

FACE AMOUNT: \$10,000

AGE: 35

DATE OF ISSUE: MARCH 1, 2006

POLICY NUMBER: [XXXXXXXXXX]

MATURITY DATE: MARCH 1, 2071

	DEATH BENEFIT – WHERE CAUSE OF DEATH IS:	
	<u>OTHER THAN ACCIDENT</u>	<u>ACCIDENTAL DEATH</u>
FIRST THREE YEARS:	RETURN OF PREMIUM PLUS 10% ANNUAL INTEREST	100% OF FACE AMOUNT
FOURTH POLICY YEAR AND THEREAFTER:	100% OF FACE AMOUNT	100% OF FACE AMOUNT

INSURED: JOHN DOE

FACE AMOUNT: \$10,000

AGE: 35

DATE OF ISSUE: MARCH 1, 2006

POLICY NUMBER: [XXXXXXXXXX]

MATURITY DATE: MARCH 1, 2071

**TABLE OF GUARANTEED VALUES  
GRADED DEATH BENEFIT WHOLE LIFE INSURANCE**

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE
01	0	0
02	.90	.60
03	92.60	563.50
04	177.00	1032.20
05	265.00	1480.90
06	356.40	1909.60
07	451.30	2318.60
08	549.60	2708.20
09	651.30	3078.90
10	756.20	3431.15
11	864.60	3767.00
12	976.60	4086.70
13	1092.80	4392.80
14	1213.80	4687.00
15	1339.60	4969.20
16	1470.00	5239.20
17	1604.70	5496.70
18	1743.40	5741.70
19	1886.00	5974.70
20	2031.90	6195.30
<b>END OF AGE</b>		
60	2813.40	7142.70
62	3150.50	7460.10
65	3669.30	7872.90
70	4578.50	8435.80

NONFORFEITURE INTEREST RATE: 5.0%

VALUATION TABLE: 2001 CSO ALB MALE, NONSMOKER

REINSTATEMENT INTEREST RATE: 6% ANNUAL RATE

INSURED: JOHN DOE

FACE AMOUNT: \$10,000

AGE: 35

DATE OF ISSUE: MARCH 1, 2006

POLICY NUMBER: [XXXXXXXXXX]

MATURITY DATE: MARCH 1, 2071

**TABLE OF GUARANTEED VALUES**  
**GRADED DEATH BENEFIT WHOLE LIFE INSURANCE**

<b>BEGINNING OF POLICY YEAR</b>	<b>DEATH BENEFIT</b>	<b>BEGINNING OF POLICY YEAR</b>	<b>DEATH BENEFIT</b>
01	\$ 356	24	\$ 10,000
02	748	25	10,000
03	1,179	26	10,000
04	10,000	27	10,000
05	10,000	28	10,000
06	10,000	29	10,000
07	10,000	30	10,000
08	10,000	31	10,000
09	10,000	32	10,000
10	10,000	33	10,000
11	10,000	34	10,000
12	10,000	35	10,000
13	10,000	36	10,000
14	10,000	37	10,000
15	10,000	38	10,000
16	10,000	39	10,000
17	10,000	40	10,000
18	10,000	41	10,000
19	10,000	42	10,000
20	10,000	43	10,000
21	10,000	44	10,000
22	10,000	45	10,000
23	10,000		



## GENERAL PROVISIONS

**CONFORMITY WITH STATES STATUTES AND REGULATIONS.** Any provision of this Policy which conflicts with the valid insurance laws or regulations of the state of residence of the Insured, at the time that the application for this Policy is approved for issue by the Company at its Home Office, will be deemed to be amended or deleted to the extent necessary for the provisions of this Policy to be in conformity with such conflicting laws and regulations.

**CONTRACT.** This Policy is a legal contract that You have entered into with us. You have paid the first premium and have submitted an application. We have relied on the statements made in the application for this Policy. These statements, in the absence of fraud, are considered representations and not warranties. A copy of such application is attached to this Policy. In return, we promise to provide the insurance coverage described in this Policy.

The entire contract consists of:

1. The basic Policy; and
2. The riders that add benefits to the basic Policy, if any; and
3. Endorsements, if any; and
4. The attached copy of your application, and any amendments or supplemental applications.

**DATE OF ISSUE – EFFECTIVE DATE.** The Date of Issue, which is the effective date of this Policy, is the date on which the first premium is due. The Date of Issue is also the date from which all policy years, anniversaries, and premium due dates are determined.

**OWNER.** The Owner of this Policy will be the Insured unless another person is designated Owner in the application for this Policy. During the Insured's lifetime, the Owner may exercise every right the Policy confers or we allow (subject to the rights of any assignee of record, and to any endorsement on this Policy limiting such rights).

**BENEFICIARY.** The Beneficiary as named in the application, or later changed by the Owner, will receive the Death Benefit Proceeds upon the death of the Insured. Unless the Owner has stated otherwise, in writing, to the Home Office of the Company:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest will terminate.
2. If no Beneficiary survives the Insured, Proceeds will be paid to the Owner, if then living; otherwise to the estate of the Owner.

**CHANGE OF OWNERSHIP OR BENEFICIARY.** The Owner, or someone authorized to act for the Owner by valid court order, may change the Ownership or the Beneficiary at any time during the lifetime of the Insured, unless a previous designation provides otherwise. Applicable law may require a Beneficiary or a Successor Owner to have an insurable interest in the life of the Insured. To make a change, the Owner must send a written request to our Home Office in a form acceptable to us. The change will go into effect when we have recorded the change. However, after the change is recorded, it will be deemed effective as of the date of the written request for change. The change will be subject to any payment made, or action taken, by us before the request is recorded. The Company assumes no responsibility for the legality or sufficiency of any Beneficiary designation or ownership change.

**COMMON DISASTER.** If we cannot determine whether a Beneficiary or the Insured died first in a common disaster, we will assume that the Beneficiary died first, unless applicable law or an endorsement to this Policy provides otherwise.

**ASSIGNING THE POLICY.** During the lifetime of the Insured and while this Policy is in force, the Owner may assign this Policy as security for an obligation, subject to the written consent of any irrevocable beneficiary. We will not be bound by an assignment unless it is received in writing at our Home Office in a form acceptable to us. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

**NON-PARTICIPATION.** This Policy will not pay dividends. It will not participate in any of our surplus or earnings.

**INCONTESTABILITY.** We will not contest the validity of this Policy after this Policy has been in force during the Insured's life for 2 years from the Date of issue.

If the Owner reinstates this Policy as provided by the Reinstatement provision, this Policy will be incontestable as to statements made in the reinstatement application after 2 years from the effective date of the reinstatement.

This incontestability provision does not apply to any Disability or Accidental Death Benefit.

**SUICIDE.** If the Insured dies as a result of suicide, within 2 years from the Date of Issue, we will limit the Death Benefit Proceeds to the premiums paid less any Indebtedness on this Policy.

**AGE OR SEX INCORRECTLY STATED.** If the Insured's age or sex has been incorrectly stated in the application, we will adjust the Death Benefit Proceeds. The Proceeds payable will be that which the premium would have purchased at the Date of Issue for the correct age and sex. By age we mean age last birthday as of the Date of Issue.

**PAYMENTS.** All payments of benefits under this Policy will be made from our Home Office.

**WHEN THIS POLICY TERMINATES.** This Policy will terminate if:

1. The Owner requests that this Policy be terminated; or
2. The Insured dies; or
3. The Policy matures; or
4. The premium is in default at the end of the grace period, except as otherwise provided in the Guaranteed Values provisions. The date of default will be the due date of the premium in default.

**REINSTATEMENT.** This Policy may be reinstated at any time within 5 years after default unless this Policy was surrendered for cash, if the following requirements are met:

1. Evidence of insurability, satisfactory to the Company, must be furnished; and
2. All past due premiums with compound interest at the reinstatement interest rate of 6% a year must be paid; and
3. Any Indebtedness with interest at the annual policy loan interest rate of 7.4% payable in advance, from the date of default to the date of reinstatement, must be paid or reinstated.

The effective date of reinstatement will be the date we approve the application for reinstatement.

If a rider is attached to this Policy, its coverage will be reinstated according to the Reinstatement provision of this Policy, unless such provision conflicts with the express provision of the rider.

**CHANGING THE TERMS OF THE POLICY.** Any change in the Policy must be approved in writing at our Home Office by one of our officers. Any approved change will be endorsed on the Policy. No agent has the authority to make any changes or waive any of the terms of the Policy.

## **PREMIUMS**

**PAYMENT OF PREMIUMS.** Premiums are payable for the number of years shown on Page 3 or until the Insured's earlier death. Premiums are payable in advance at our Home Office. A premium receipt signed by an Officer of the Company will be furnished upon request. Premiums may be paid annually, semi-annually, quarterly or monthly.

The Owner may change the frequency of payment provided a premium payment will become due on each policy anniversary. A premium paid by check will be considered paid only after the bank has credited our account with collected funds.

**GRACE PERIOD.** The grace period is a period of 31 days following the due date of each premium after the first. The Owner may pay the premium at any time during the grace period without interest. During the grace period, the Policy will remain in force, but the premium will be in default. The date of default is the date the unpaid premium is due. If the premium is not paid by the end of the grace period, this Policy will terminate, as of the date of default, except as provided in the Guaranteed Values provisions. If death occurs during the grace period, the premium for the policy month in which death occurred will be deducted from the Death Benefit Proceeds.

## PROCEEDS

Proceeds mean the amount payable on the Maturity Date, the surrender of this Policy or on the death of the Insured. On the Maturity Date, the Proceeds will be the Net Cash Value at that time. If the Policy is surrendered before the Maturity Date, the Proceeds will be the Net Cash Value at that time.

If the Insured dies while this Policy is in full force:

- a) The Proceeds will be determined by the policy year at the time of the Insured's death and the cause of the Insured's death as shown on the Benefit Description Page 3 of this Policy. Under no circumstance will the Proceeds payable exceed the face amount shown on the Benefit Description Page 3.
- b) The Proceeds will be reduced by any Indebtedness and any premium due and unpaid. Proceeds will be increased by any premium paid that applies to a period beyond the end of the month in which the Insured's death occurs.

**ACCIDENTAL DEATH.** The Death Benefit will be as shown in the Accidental Death Column of the Benefit Description Page 3, upon receipt of proof that the Insured's death was a direct result of and within 90 days after an accidental bodily injury and is independent of all other causes. The accident and resulting death must occur while this Policy is in force.

In the event of the Insured's death caused by accident, the death benefit for death caused by accident will not be paid if death is caused by the following:

1. Disease, illness or physical or mental infirmity of any kind;
2. Air travel other than as a fare-paying passenger on a commercial airline;
3. Operating a motor vehicle while intoxicated. Intoxicated means that the Insured's blood alcohol content meets the legal presumption of intoxication under the laws where the accident took place;
4. Bacterial infection of any nature, except of a visible wound caused by an accident;
5. Suicide;
6. Any self-inflicted injury resulting from a voluntary act recognized as dangerous by a reasonable person;
7. Any poison, drug or gas voluntarily taken, administered, absorbed or inhaled;
8. Committing or attempting to commit a felony or participating in a riot; or
9. Any war or act of war, declared or undeclared.

**PAYMENT OF PROCEEDS.** All Proceeds are payable at our Home Office. We may require the return of this Policy before approving changes or paying Proceeds. The Proceeds are subject first to any Indebtedness to us and then to the interest of any assignee of record. Payments to satisfy any assignment will be paid in a lump sum.

## GUARANTEED VALUES PROVISIONS

**CASH VALUE.** The Owner may surrender this Policy for its Net Cash Value as defined on Page 2. If all premiums have been paid, the guaranteed cash value is as shown in the Table of Guaranteed Values on page 3A of the Policy. The Table shows values at the end of the policy years. The Cash Value is:

1. The Guaranteed Cash Value; plus
2. Any part of a premium paid for coverage beyond the policy month in which the Owner surrenders this Policy.

**AUTOMATIC PREMIUM LOAN OPTION.** If a premium on this Policy is not paid by cash by the end of the grace period, a policy loan will be made to pay such premium if the following conditions are met:

1. The Owner must have elected the Automatic Premium Loan Option while no premium was in default. (the election, if not made in the application for this Policy, may be made later by sending written notice to our Home Office); and
2. The Loan Value must be enough to pay the premium in default with interest to the next policy anniversary. At that point the policy will lapse.

This provision may be revoked by filing a written request with the Company.

If the Loan Value is not sufficient to cover the entire amount of any premium due, no automatic loan will be made and the premium will be in default. The Net Cash Value will then be used under Option 2 of the "Options Upon Default of Payment of Premium" provision below. If this Policy is issued in a Rated Premium Class, the Net Cash Value will be used under Option 2 of that provision. Interest on a premium loan will be charged from the premium due date. Otherwise the terms of the Policy Loan provision will apply.

**OPTION UPON DEFAULT OF PAYMENT OF PREMIUM.** The Owner may elect one of the following options, effective on the default in the payment of premium. Election must be made by written request to the Company at its Home Office no later than 60 days after the unpaid premium was due. If the Automatic Premium Loan or other election is not made, Option 2 of this section will be effective. If this Policy is issued in a Rated Premium Class, Option 2 will be effective.

**Option 1** – Surrender this policy for the Net Cash Value. The Company may defer payment of the Net Cash Value for a period of up to 6 months from the date of request.

**Option 2** – Continue this Policy as Reduced Paid-Up Insurance. The insurance will be for the amount that the Cash Value will purchase at the net single premium rates. The insurance will be payable at the same time and under the same conditions as this Policy. Benefits provided by any riders will end.

Reduced Paid-Up Insurance may be surrendered for its Cash Value as of the date of surrender. Reduced Paid-Up Insurance will have a loan value.

**BASIS OF VALUES.** Guaranteed values and net single premiums are based on the mortality tables and interest rate shown on Page 3A. Net single premiums are at the then attained age of the Insured. The Cash Values are calculated by the Standard Nonforfeiture Method using the mortality table and interest rate shown on Page 3A. Computations assume that premiums are paid annually and the deaths occur at the end of a policy year.

The Cash Value within a policy year is adjusted for lapse of time and premiums paid for any portion of the policy year. Within 31 days after any policy anniversary, and in the absence of a policy loan, the Cash Value will not be less than the Cash Value on such anniversary. Any additional agreement which is part of this Policy will not increase the Cash Value unless specifically provided by the agreement. All values are greater than or equal to those required by the insurance law of the State of Texas and any state in which this Policy is delivered. The detailed method of calculation of values is on file at the insurance department in the state in which this Policy is delivered.

### **POLICY LOAN PROVISIONS**

You may take a policy loan at any time while this Policy is in force. You may borrow an amount which is equal to or less than the Policy's Loan Value. The Loan Value will be the Cash Value less:

1. Any prior outstanding loan, plus interest accrued; and
2. Interest on the amount to be borrowed to the next policy anniversary.

**LOAN INTEREST.** The Annual Policy Loan Interest Rate is 7.4% payable in advance. On each policy anniversary, loan interest for the next year is due in advance. Interest not paid when due will be added to the loan.

**HOW YOU MAY REPAY A POLICY LOAN.** You may repay all or part of a policy loan at any time, except that:

1. Repayment may be made only while this Policy is in force and prior to the death of the Insured; and
2. A partial repayment must be at least \$10.00.

Any Indebtedness will be deducted from any settlement of this Policy.

At any time your policy loan exceeds the Cash Value, this Policy will lapse. However, at least 31 days prior notice must be mailed by us to your last known address and to any assignee of record, if any.

**WE CAN DELAY PAYMENT.** We can delay loaning you money for up to 6 months, or the period allowed by law, whichever is less. However, we cannot delay loaning you money if the amount is to be used to pay a premium to us.

**OBTAINING A LOAN.** You may obtain a policy loan by written request and assignment of the Policy as sole security for the loan.

## SETTLEMENT OPTIONS

**ELECTION OF A SETTLEMENT OPTION.** The Owner, by written request satisfactory to the Company, may elect any Settlement Option described below while the Insured is living subject to the provisions of this Policy. If an option is not elected prior to the death of the Insured, the Company will pay the Proceeds in one sum to the Beneficiary or other person lawfully entitled to receive the same, unless such person elects a settlement option.

**PAYEE.** The Payee is the person or persons entitled to receive payments under a Settlement Option.

**AVAILABILITY OF OPTIONS.** The Company may pay the then balance of the Proceeds in one sum if:

1. The Proceeds are less than \$5,000; or
2. The amount on deposit under Option 1 or 2 below becomes less than \$2,000; or
3. Periodic payments are, or become, less than \$100; or
4. The Payee is not the person first entitled to payment; or
5. The Payee is an assignee, estate, trustee, partnership, corporation or association.

**EFFECTIVE DATE OF SETTLEMENT OPTION.** If an election has previously been made, the effective date will be the date of death or surrender. If no election is in effect when the Proceeds become payable in one lump sum, the date of election will be the effective date. The first installment, under Options 3, 4, 5, 6 below, will be paid by the Company upon receipt of Due Proof of the Death of the Insured.

**BASIS OF PAYMENT OPTIONS.** The annual guaranteed interest rate used for each option shown in the Option Tables is 3.0%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality table used for Options 5 and 6 is the Annuity 2000 Mortality Table.

**LIFE INCOME AND AGE.** When Proceeds are payable to the Owner as a result of a cash surrender or maturity of the Policy, and the Owner selects a settlement option providing for periodic payments, the continuance of the periodic payments will be based on the life of the Insured. The amount of the periodic payments will be based upon the attained age of the Insured at the time of surrender or maturity. Upon the death of the Insured the life income payable to the Beneficiary will be based on the life and age of that Beneficiary. Age in each instance is the age on the last birthday before the date the first installment is payable. The Company may require evidence of age or of survival.

**OPTION 1 – DEPOSIT** - Left on deposit with interest to accumulate. Interest is compounded annually. Proceeds and all accumulated interest are payable at the end of a period mutually agreed upon.

**OPTION 2 – INTEREST INCOME** - Left on deposit, with interest payable periodically. Proceeds and any accrued but unpaid interest are payable at the end of a period mutually agreed upon.

**OPTION 3 – INSTALLMENTS OF SPECIFIED AMOUNT** - Paid as an income of a specified amount mutually agreed upon, until the Proceeds and interest are exhausted.

**OPTION 4 – INSTALLMENTS OF SPECIFIED PERIOD** - Paid as an income for a specified period mutually agreed upon.

**Option 5 – LIFE INCOME WITH GUARANTEED PERIOD** - Paid as an income for life. Payments are guaranteed for 120 months.

**OPTION 6 – LIFE INCOME WITHOUT GUARANTEED PERIOD** - Paid as an income for life. Payments cease with the last payment due prior to death of the person on whose life the income is based.

**DEATH OF PAYEE.** After the death of the Payee any amounts remaining under Options 1, 2, 3, or 4 or any amounts remaining under the period certain under Option 5 will be continued to the estate of the Payee or paid in a single commuted sum to the estate of the Payee.

**PROTECTION AGAINST CREDITOR.** To the extent permitted by law, Death Benefit Proceeds paid under these options will not be subject to the claims of creditors nor to legal process.

## SETTLEMENT OPTION TABLES

These tables illustrate amounts for each \$1,000 of proceeds applied under the Options listed.

### OPTION 2 INTEREST INCOME

<b>Payable</b>	<b>Interest Payable</b>
Monthly	\$2.47
Quarterly	7.42
Semi-Annually	14.89
Annually	30.00

### OPTION 4 INSTALLMENTS

<b>Yrs.</b>	<b>Annual</b>	<b>Monthly</b>	<b>Yrs.</b>	<b>Annual</b>	<b>Monthly</b>	<b>Yrs.</b>	<b>Annual</b>	<b>Monthly</b>
1	\$1,000.00	\$84.47	11	\$104.93	\$8.86	21	\$62.98	\$5.32
2	507.39	42.86	12	97.54	8.24	22	60.92	5.15
3	343.23	28.99	13	91.29	7.71	23	59.04	4.99
4	261.19	22.06	14	85.95	7.26	24	57.33	4.84
5	211.99	17.91	15	81.33	6.87	25	55.76	4.71
6	179.22	15.14	16	77.29	6.53	26	54.31	4.59
7	155.83	13.16	17	73.74	6.23	27	52.97	4.47
8	138.31	11.68	18	70.59	5.96	28	51.74	4.37
9	124.69	10.53	19	67.78	5.73	29	50.60	4.27
10	113.82	9.61	20	65.26	5.51	30	49.53	4.18

**OPTION 5 AND 6  
MONTHLY LIFE INCOMES**

	Option 5 120 Installments Guaranteed		Option 6 Life Only			Option 5 120 Installments Guaranteed		Option 6 Life Only	
Age	Male	Female	Male	Female	Age	Male	Female	Male	Female
25	\$3.08	\$2.99	\$3.08	\$2.99	65	\$5.48	\$5.07	\$5.69	\$5.18
26	3.10	3.01	3.10	3.01	66	5.62	5.20	5.86	5.32
27	3.12	3.03	3.13	3.03	67	5.77	5.33	6.04	5.47
28	3.15	3.05	3.15	3.05	68	5.92	5.47	6.24	5.64
29	3.17	3.07	3.17	3.07	69	6.07	5.62	6.45	5.82
30	3.20	3.09	3.20	3.09	70	6.23	5.78	6.67	6.01
31	3.22	3.11	3.23	3.12	71	6.39	5.94	6.90	6.21
32	3.25	3.14	3.26	3.14	72	6.56	6.11	7.16	6.44
33	3.28	3.16	3.28	3.17	73	6.73	6.29	7.43	6.68
34	3.31	3.19	3.32	3.19	74	6.90	6.48	7.71	6.94
35	3.34	3.22	3.35	3.22	75	7.08	6.67	8.02	7.22
36	3.38	3.24	3.38	3.25	76	7.25	6.86	8.35	7.52
37	3.41	3.27	3.42	3.28	77	7.43	7.06	8.70	7.85
38	3.45	3.30	3.46	3.31	78	7.61	7.26	9.08	8.21
39	3.49	3.34	3.50	3.34	79	7.78	7.46	9.48	8.60
40	3.53	3.37	3.54	3.38	80	7.95	7.66	9.91	9.02
41	3.57	3.41	3.58	3.41	81	8.11	7.86	10.37	9.47
42	3.62	3.44	3.63	3.45	82	8.27	8.05	10.86	9.96
43	3.66	3.48	3.67	3.49	83	8.42	8.23	11.38	10.50
44	3.71	3.52	3.72	3.53	84	8.56	8.40	11.94	11.07
45	3.76	3.57	3.78	3.57	85	8.69	8.55	12.54	11.69
46	3.81	3.61	3.83	3.62	86	8.81	8.70	13.17	12.36
47	3.87	3.66	3.89	3.67	87	8.92	8.83	13.85	13.08
48	3.92	3.71	3.95	3.72	88	9.02	8.95	14.56	13.84
49	3.98	3.76	4.01	3.77	89	9.12	9.05	15.32	14.65
50	4.05	3.81	4.08	3.83	90	9.20	9.15	16.12	15.50
51	4.11	3.87	4.15	3.89	91	9.28	9.23	16.97	16.38
52	4.18	3.93	4.22	3.95	92	9.34	9.30	17.87	17.31
53	4.25	3.99	4.30	4.01	93	9.40	9.36	18.83	18.26
54	4.33	4.06	4.38	4.08	94	9.45	9.42	19.85	19.26
55	4.41	4.13	4.46	4.15	95	9.49	9.47	20.93	20.30
56	4.49	4.20	4.55	4.23	96	9.53	9.51	22.10	21.39
57	4.58	4.28	4.65	4.31	97	9.56	9.54	23.38	22.57
58	4.68	4.36	4.75	4.40	98	9.58	9.57	24.80	23.86
59	4.78	4.45	4.86	4.49	99	9.59	9.58	26.40	25.31
60	4.88	4.54	4.98	4.59	100	9.60	9.60	28.22	26.97
61	4.99	4.63	5.10	4.69					
62	5.10	4.73	5.23	4.80					
63	5.23	4.84	5.37	4.92					
64	5.35	4.95	5.52	5.04					

**IA American Life Insurance Company**  
P.O. Box 2549 / Waco, Texas 76702-2549 / (800) 736-7311

**GRADED DEATH BENEFIT WHOLE LIFE INSURANCE**  
**PREMIUMS PAYABLE FOR PERIOD SPECIFIED ON PAGE THREE**  
**NON-PARTICIPATING**

***READ YOUR POLICY CAREFULLY***



[Customer Service Center  
P.O. Box 2549, Waco, TX 76702-2549  
Toll Free: 800-736-7311]

**IA AMERICAN LIFE INSURANCE COMPANY** has issued this supplemental agreement (the "Agreement") as a part of the policy (the "Policy") to which it is attached. The provisions of the Policy apply to this Agreement except where such provisions conflict with the express provisions hereof, in which event the provisions of the Agreement will control. Terms defined in the Policy which are used herein shall have the meaning specified in the Policy. The term "Insured", as used herein means the person who is insured under the policy to which this Agreement is attached.

**THE COMPANY WILL PAY** the amount of Children's Insurance shown on page 3 of the Policy upon receipt of due proof that the death of a Covered Child occurred: (a) while this Agreement is in force; and (b) prior to the policy anniversary nearest the child's 21<sup>st</sup> birthday.

**COVERED CHILD** means a grandchild, step grandchild, or legally adopted grandchild of the Insured, who is 180 or more days old, but has not reached the policy anniversary nearest that child's 21<sup>st</sup> birthday. Such child must be named in the application for this Agreement and not have reached his or her 16<sup>th</sup> birthday on the date of such application.

**EXPIRATION OF COVERAGE FOR A COVERED CHILD** occurs when a Covered Child reaches the policy anniversary nearest such child's 21<sup>st</sup> birthday.

**BENEFICIARIES.** The Beneficiary as named in the application or later changed by the Owner of the Policy, will receive the amount payable upon the death of the Covered Child. The Company will require a Beneficiary to have an insurable interest in the life of the Covered Child. If the named Beneficiary is not living at the time of death of the Covered Child, the benefit will be paid to the child's then legal guardian; otherwise to the estate of the child.

**CHANGE OF BENEFICIARY.** The Owner of the Policy, of someone authorized to act for the Owner by valid court order, may change the Beneficiary at any time during the lifetime of a Covered Child, unless a previous designation provides otherwise. The Company will require a Beneficiary to have an insurable interest in the life of the Covered Child. To make a change, the Owner must send a written request to our Home Office in a form acceptable to us. The change will go into effect when we have recorded the change. However, after the change is

recorded, it will be deemed effective as of the date of the written request for change. The change will be subject to any payment made, or action taken, by us before the request is recorded. The Company assumes no responsibility for the legality or sufficiency of any Beneficiary designation.

**CONVERSION OF INSURANCE ON COVERED CHILDREN.** If the insurance on a Covered Child expires while this Agreement is in force, such insurance may be converted, without evidence of insurability, subject to the following:

1. Proper written application for the converted policy must be made to the Company at its Home Office. Such application must be received by the Company no later than the date when insurance under this Agreement would expire; however, in the event of the Insured's death, such application must be made within 31 days after such death. The date of issue of the converted policy will be the date when the insurance of a Covered Child would expire;
2. The converted policy shall become binding upon the Company only upon payment of the first premium for such policy. The Company must receive the first the premium: (a) no later than 31 days after the date when insurance of a Covered Child would expire; and (b) while the person to be insured under such policy is living;
3. The converted policy will be for an amount up to five times the amount of insurance under this Agreement on such child;
4. The converted policy will be on any plan of Life or Endowment insurance then issued by the Company, except Term Insurance. The policy will be subject to the Company's rules regarding minimum policy amounts. Conversion may not be made for an amount or plan of insurance prohibited by law. Premium rates for the converted policy will be based on: (a) the then attained age of such child; and (b) the same mortality classification as this Agreement; and
5. The converted policy shall not provide for Accidental Death or Waiver of Premium Disability Benefits unless such benefits are: (a) agreed to by the Company; and (b) subject to the requirements the Company may make at the time of conversion.

If death of a Covered Child occurs within 31 days after the insurance upon the life of such child expires but prior to the application for conversion, the Company will pay a death benefit equal to the amount of insurance expiring on the life of such person. Such benefit will be paid as if the insurance had not expired.

**THE ADDITIONAL BENEFIT** that this Agreement provides shall not be considered when policy loan and nonforfeiture values are determined. Unless expressly stated, nothing contained in this Agreement will change, waive, or extend the terms of the Policy.

**REINSTATEMENT.** When a premium is not paid before the end of its grace period, this Agreement can be reinstated:

1. subject to all the provisions of the Policy to which this Agreement is attached relating to reinstatement;
2. with evidence of insurability acceptable to the Company of all persons to be insured; and
3. upon concurrent reinstatement of the Policy to which this Agreement is attached.

Upon reinstatement, no benefit will be paid because of the death of any Covered Child formerly insured under this Agreement if such death occurred: (a) after the end of the grace period; and (b) prior to the date of reinstatement.

**TERMINATION.** Unless otherwise specified in this Agreement, this Agreement shall terminate upon the earlier of:

1. on the date the youngest Covered Child reaches the policy anniversary nearest that child's 21<sup>st</sup> birthday;
2. the maturity of the Policy;
3. upon the due date of a premium for this Agreement which is not paid before the grace period for the payment of such premium expires as provided in the Policy; or

4. when the Policy is surrendered, cancelled or otherwise terminated.

This Agreement may be terminated at any time by the Owner's written request. The Policy must be sent with the request for proper endorsement.


**SUICIDE.** If the Insured or a Covered Child dies by suicide within two years from the Agreement Date, the liability of the Company under this Agreement will be limited to the amount of premiums paid for this Agreement. When the laws of the state in which this Policy is delivered require less than this two year period, the period will be as stated in such laws. The coverage of all Covered Children shall terminate on the date of the suicide of the Insured.

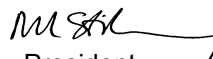
**INCONTESTABILITY.** This Agreement will be incontestable after it has been in forced two years from the Agreement Date. The terms and conditions of the incontestability provisions of the Policy shall apply to this Agreement in that such provisions also relate to any insured Covered Child.

**CONSIDERATION.** This Agreement is issued in consideration of: (a) the application, a copy of which is attached to the Policy; and (b) payment of the premium for this Agreement shown on page 3 of the Policy. Such premium is payable: (a) until the Agreement is terminated; or (b) for the period stated in the Policy, if such period is shorter. If a premium is paid after coverage under this Agreement has ceased, the Company's acceptance of the premium shall not be deemed a waiver of the termination of coverage. The Company will refund such premiums.

The effective date of this Agreement (the "Agreement Date") is the Date of Issue of the Policy, unless a different date is shown below.

SIGNED at the Home Office of the Company as of the Agreement Date.

  
Secretary

  
President

Date: \_\_\_\_\_



[Customer Service Center  
P.O. Box 2549, Waco, TX 76702-2549  
Toll Free: 800-736-7311]

## TERMINAL ILLNESS ACCELERATED BENEFIT RIDER

**NOTE: PAYMENT OF AN ACCELERATED BENEFIT MAY BE TAXABLE. YOU SHOULD SEEK THE ASSISTANCE OF YOUR PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING THIS BENEFIT.**

**ANY MEDICAID OR OTHER GOVERNMENT ENTITLEMENT FOR WHICH YOU ARE ELIGIBLE MAY BE AFFECTED BY PAYMENTS RECEIVED UNDER THIS RIDER.**

The Rider is attached to and made a part of the Policy to which it is attached. It is subject to the provisions of the Policy unless amended in this Rider.

### TERMINAL ILLNESS BENEFIT

If the Insured is certified as being a Terminally Ill Individual, We will advance to You, if You so elect, up to one hundred percent (100%) of the Death Benefit of the Policy. The Benefit to be paid will be reduced by an Actuarial Adjustment Factor and an Administrative Charge of \$150. Certification must take place on or after 30 days from the Date of Issue of the Policy. We will deduct from the Benefit paid any outstanding Indebtedness, but only in proportion to the percentage of Death Benefit paid. We will also return to you a proportionate amount of any premium paid beyond the date any Benefit under this Rider is paid.

A payment under this Rider is payable only once. The Policy must be in force at the time this Benefit is applied for. Payment of this Benefit will reduce the Death Benefit proceeds by the amount of the Benefit paid under this Rider. The Cash Value, the amount available for loans, and the premium, excluding the Policy fee (if any), for the Policy will decrease in proportion to the amount of Benefit paid. Continued payment of the reduced premium is necessary for the Policy to remain in force. If the entire Death Benefit is paid, then the Policy will terminate with no further value. There is no Benefit to a non-insured Owner if the non-insured Owner is diagnosed as a Terminally Ill Individual.

**Terminally Ill Individual** – An Insured will be considered as being Terminally Ill Individual if the individual has been certified by a licensed physician as having an illness or physical condition that reasonably can be expected to result in death within 12 months of the date of certification. We must receive proof acceptable to Us. A written statement from the certifying physician will be required. We may require a second medical opinion by a physician of our choice at Our expense.

The Rider is effective on the Date of Issue of the Policy.

Signed at the Home Office of the Company as of the Effective Date.

  
Secretary

  
President

<sup>TM</sup>Trademark of Industrial Alliance Insurance and Financial Services Inc. used under license by IA American Life Insurance Company

Telephone Case No: \_\_\_\_\_

Proposed Insured _____ <small>(First) (Middle) (Last)</small>				Telephone interview completed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address <small>(No. &amp; Street)</small> _____				<input type="checkbox"/> am <input type="checkbox"/> pm		
City _____		State _____		Zip Code _____		Phone _____ Best time to call _____
E-mail Address _____						
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Age	State of Birth	Social Security Number / /	Height ft in	Weight lbs
Owner: Name _____ Address _____			Relationship _____		SS# _____ / ____ / ____ City/State/Zip _____	
Primary Beneficiary _____		Relationship _____	Contingent Beneficiary _____			Relationship _____
Plan: <input type="checkbox"/> Immediate Death Benefit <input type="checkbox"/> Graded Death Benefit (Percentage of Face Amount) During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Face Amount of Insurance \$</b> _____						
Rider: <input type="checkbox"/> Grandchild/Great Grandchild Coverage (Indicate Number of Children Applying) _____ <input type="checkbox"/> Child Rider _____ Units <input type="checkbox"/> ADB Amt \$ _____					Automatic Premium Loan Elected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mode: <input type="checkbox"/> Bank Draft <input type="checkbox"/> Draft 1st Prem on Req. Date <input type="checkbox"/> Other Modal Prem \$ _____		CWA: <input type="checkbox"/> E-Check Immediate 1st Prem <input type="checkbox"/> Collected \$ _____		Mail Policy To: <input type="checkbox"/> Agent <input type="checkbox"/> Insured <input type="checkbox"/> Owner Requested Policy Date: ____ / ____ / ____		
A. Do you have existing life insurance or an annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No				Company _____		
B. Will you replace an existing life insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No				Policy # _____ Amount of Coverage \$ _____		
Physician Name: _____		City/State: _____		Phone: _____		

HEALTH INFORMATION

1. Are you currently hospitalized, confined to a bed or nursing facility, confined to a wheelchair due to chronic illness or disease, or using oxygen equipment to assist in breathing, or receiving Hospice Care? .....

☐ Yes ☐ No

2. Have you had or been medically advised to have an organ transplant, or have you been medically diagnosed as having metastatic cancer, Alzheimer's, dementia, mental incapacity, or have you been diagnosed, treated (including dialysis) or taken medication for renal insufficiency, kidney failure, liver failure, or respiratory failure? .....

☐ Yes ☐ No

3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? .....

☐ Yes ☐ No

4. Have you been medically diagnosed with diabetes combined with a medical history of any of the following: stroke, TIA, heart disease, heart attack, coronary artery bypass, angioplasty, circulatory disease, or peripheral vascular disease? .....

☐ Yes ☐ No

5. Have you taken insulin shots prior to age 50 or been treated for insulin shock or diabetic coma? .....

☐ Yes ☐ No

6. Have you ever been medically diagnosed, treated, or taken medication for congestive heart failure, cardiomyopathy, Lou Gehrig's disease, Huntington's disease, had an amputation caused by disease, or more than one occurrence of cancer (excluding basal or squamous cell skin cancer) in your lifetime?.....

☐ Yes ☐ No

7. Within the past 12 months have you:

a. been medically diagnosed or treated for angina (chest pain), stroke or TIA, cirrhosis, Hepatitis C, chronic hepatitis, chronic pancreatitis, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, or required oxygen equipment to assist in breathing?.....

☐ Yes ☐ No

b. had a heart attack, aneurysm, heart valve surgery, coronary artery bypass surgery, angioplasty, or stent implant or had or been medically advised to have surgery for brain or heart disorders (including, but not limited to catheterization, a pacemaker insertion, defibrillator placement), or any procedure to improve circulation?.....

☐ Yes ☐ No

c. been medically diagnosed, treated, or taken medication for internal cancer, lymphoma, melanoma, leukemia, or systemic lupus (SLE)? .....

☐ Yes ☐ No

d. had any diagnostic testing, surgery, or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received? .....

☐ Yes ☐ No

e. used illegal drugs or abused alcohol or drugs, or had or been recommended to have treatment or counseling for alcohol or drug use, or been convicted of any felony or driving under the influence of alcohol or drugs? .....

☐ Yes ☐ No

*If any answer to questions 1 through 7 is answered "Yes" the Proposed Insured is not eligible for any coverage.*

8. Within the past 24 months have you been medically diagnosed or treated, or hospitalized for:

a. stroke, angina (chest pain), heart attack, aneurysm, heart or circulatory surgery or any procedure to improve circulation?.....

☐ Yes ☐ No

b. or taken medication for internal cancer, leukemia, melanoma, emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), ulcerative colitis, cirrhosis, Hepatitis C, liver disease? .....

☐ Yes ☐ No

c. paralysis of two or more extremities or any neuro-muscular disease (including, but not limited to cerebral palsy, multiple sclerosis, seizures, or Parkinson's disease)? .....

☐ Yes ☐ No

*If any answer to question 8 is answered "Yes" the Proposed Insured should apply for the Graded Death Benefit Plan.*

*If all questions 1 through 8 are answered "No" the Proposed Insured should apply for the Immediate Death Benefit Plan.*

GL213AR

NOTICE

Printed in compliance with Public Law 91-508

Thank you for considering IA America Life Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. IA American Life Insurance Company, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

IA American Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

CHILD, GRANDCHILD, AND GREAT GRANDCHILD COVERAGE - Children Proposed for Insurance (list additional children on a separate sheet):

Proposed Insured Name	Sex	Birthdate	Relationship	Proposed Insured Name	Sex	Birthdate	Relationship

**PROPOSED CHILDREN'S HEALTH STATEMENT**—To the best of my knowledge and belief, none of the children listed above for coverage have been treated for or told by a physician that they have or had any of the following medical conditions: Hypertension, heart or circulatory disorder, malignancy in any form, diabetes, sickle cell anemia, seizures, Down's Syndrome, cystic fibrosis, cerebral palsy, hydrocephalus, paralysis, or hospitalized for asthma or any respiratory disorder in past 12 months. List the names of children that are exceptions to **PROPOSED CHILDREN'S HEALTH STATEMENT**.

*Children listed as an exception are excluded from the appropriate Child Rider Coverage.* Exceptions are:\_\_\_\_\_

**AGREEMENT**—I agree with IA American Life Insurance Company (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may be guilty of insurance fraud.

**AUTHORIZATION**—In order to properly classify my application for life insurance, I authorize any and all physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the Medical Information Bureau or other organization that has knowledge or records of me and my health to give such information to: (a) IA American Life Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the Medical Information Bureau, are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize IA American Life Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the Medical Information Bureau; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

I acknowledge receiving the Fair Credit Reporting Act Notice, the MIB Pre-Notice, the Terminal Illness Accelerated Benefit Rider and Confined Care Accelerated Benefit Rider Disclosure Forms, if applicable.

Signed at \_\_\_\_\_

CITYSTATE

Date of Application \_\_\_\_\_

MONTHDAYYEAR

SIGNATURE OF PROPOSED INSURED

SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

AGENT'S REPORT

Does the proposed insured have any existing life insurance or annuity contract?..... ☐ Yes ☐ No  
Is the proposed insurance intended to replace or change any existing life insurance or annuity? ..... ☐ Yes ☐ No

*I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature.*

I certify that the Terminal Illness Accelerated Benefit Rider and Confined Care Accelerated Benefit Rider Disclosure Forms have been presented to the applicant, if applicable. AGENT'S REMARKS:\_\_\_\_\_

AGENT'S PRINTED NAMEDATE

Agent \_\_\_\_\_No: \_\_\_\_\_%

SIGNATURE

AGENT'S PRINTED NAMEDATE

Agent \_\_\_\_\_No: \_\_\_\_\_%

SIGNATURE

PREAUTHORIZATION CHECK PLAN - AUTHORIZATION TO HONOR CHARGE DRAWN

Insured \_\_\_\_\_Account Holder \_\_\_\_\_

Financial Institution \_\_\_\_\_Address \_\_\_\_\_

Transit/ABA Number \_\_\_\_\_Account Number \_\_\_\_\_☐ Checking ☐ Savings Requested Draft Day (1st-28th)\_\_\_\_\_

ATTACH VOIDED CHECK OR DEPOSIT SLIP

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account, whether by electronic or paper means, by and payable to the order of IA American Life Insurance Company, for the purpose of paying premiums on life insurance policy, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights with respect to each such charge shall be the same as if it were signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

SIGNATURE (AS ON FINANCIAL INSTITUTION RECORDS)

DATE

GL213AR

IA AMERICAN LIFE INSURANCE COMPANY  
P.O. BOX 2549, WACO, TX 76702-2549

CONDITIONAL RECEIPT

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT.

ALL PREMIUM CHECKS MUST BE PAYABLE TO THE COMPANY  
DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK

Received of \_\_\_\_\_the sum of \$ \_\_\_\_\_as first payment on this application.

Date \_\_\_\_\_Agent \_\_\_\_\_

If (1) an amount equal to the first full premium is submitted; and if (2) all underwriting requirements, including any medical examinations required by the Company's rules, are completed; and (3) the proposed insured is, on the date of application, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, then insurance under the policy applied for shall become effective on the latest of (a) the date of application, or (b) the date of the latest medical exam required by the Company. THE AMOUNT OF LIFE INSURANCE, INCLUDING ANY AMOUNT IN FORCE OR BEING APPLIED FOR, WHICH MAY BECOME EFFECTIVE PRIOR TO THE DELIVERY OF THE POLICY SHALL IN NO EVENT EXCEED \$30,000.00 (INCLUDING LIFE INSURANCE AND ACCIDENTAL DEATH BENEFITS).

If any of the above conditions are not met, the liability of the Company shall be limited to the return of any amount paid.



[Customer Service Center  
P.O. Box 2549, Waco, TX 76702-2549  
Toll Free: 800-736-7311]

## **DISCLOSURE STATEMENT**

### **TERMINAL ILLNESS ACCELERATED BENEFIT RIDER**

NOTE: PAYMENT OF AN ACCELERATED BENEFIT MAY BE TAXABLE. YOU SHOULD SEEK THE ASSISTANCE OF YOUR PERSONAL TAX ADVISOR AND/OR LEGAL ADVISOR IF YOU ARE CONSIDERING ELECTING THIS BENEFIT.

ANY MEDICAID OR OTHER GOVERNMENT ENTITLEMENT FOR WHICH YOU ARE ELIGIBLE MAY BE AFFECTED BY PAYMENTS RECEIVED UNDER THIS RIDER.

The Accelerated Benefit Rider attached to your Policy allows you to receive up to 100% of the Death Benefit proceeds of the Policy when the Insured has a medical condition that reasonably can be expected to result in death within 12 months. Upon receipt of proof satisfactory to the Company of the Insured's reduced life expectancy and written consent of any assignee or irrevocable beneficiary we will pay an Accelerated Benefit. It will be paid in a lump sum. It is payable only once.

The Benefit to be paid will be reduced by an Actuarial Adjustment Factor and an Administrative Charge of \$150. We will deduct from the Benefit paid any outstanding Indebtedness, but only in proportion to the percentage of Death Benefit paid. We will also return to you a proportionate amount of any premium paid beyond the date any Benefit under this Rider is paid. The Cash Value, the amount available for loans and the premium, excluding the Policy fee, for the Policy will decrease in proportion to the amount of Benefit paid. Continued payment of the reduced premium is necessary for the Policy to remain in force. If the entire Death Benefit is paid, then the Policy will terminate with no further value.





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Toll Free: 800-736-7311]

## PAYMENTS STATEMENT

### TERMINAL ILLNESS ACCELERATED BENEFIT RIDER

Date \_\_\_\_\_

Name of Policyholder \_\_\_\_\_

Policy Number \_\_\_\_\_

	BEFORE PAYOUT	AFTER PAYOUT
Face Amount of the Policy	\$ _____	\$ _____
Associated Premium	\$ _____	\$ _____
Cash Value	\$ _____	\$ _____
Loan Value	\$ _____	\$ _____
Accelerated Benefit	\$ _____	\$ _____

Receipt of these Accelerated Benefits may be taxable and assistance should be sought from a personal tax advisor.

Receipt of Accelerated Benefit Payments may adversely affect eligibility for Medicaid or other government benefit or entitlements.

SERFF Tracking Number:	APLE-126871572	State:	Arkansas
Filing Company:	IA American Life Insurance Company	State Tracking Number:	47113
Company Tracking Number:	GDWL101AR		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.111 Single Premium - Single Life
Product Name:	Golden Solution (ROP)		
Project Name/Number:	/		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	
<b>Comments:</b>		
<b>Attachment:</b>		
ReadCert.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b>	Statement of Policy & Benefit Information	
<b>Comments:</b>		
<b>Attachment:</b>		
Statement of Policy & Benefit Information.pdf		



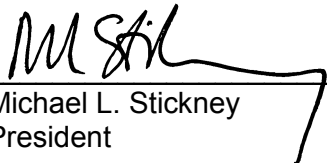


IA American Life Insurance Company  
[17550 N. Perimeter Drive, Suite 210  
P.O. Box 27650, Scottsdale, AZ 85255-0131]  
888-473-5540 Toll Free  
480-502-5088 Fax

## CERTIFICATION OF READABILITY

IA American Life Insurance Company hereby certifies that the following form complies with state requirements for readability as follows:

GDWL101	Graded Death Benefit Whole Policy Return of Premium	73
CIB302	Children's Term Insurance Agreement	51
TIA302	Terminal Illness Accelerated Benefit Rider	57
TI501	Terminal Illness Disclosure Statement	61
TI502	Terminal Illness Payment Statement	45
GL213AR	Final Expense Life Insurance Application	44

  
Michael L. Stickney  
President

October 21, 2010



[Customer Service Center  
P.O. Box 245  
Waco, Texas 76702-2549  
Toll Free: 800-736-7311]

## STATEMENT OF POLICY AND BENEFIT INFORMATION

Any correspondence regarding this policy summary  
may be forwarded either to our Home Office or the agent listed below:

[ Joe Agent ]  
[ Street Address ]  
[ City, State, Zip ]  
[ Telephone # ]

Date of Issue: [March 1, 2010]      Statement Preparation Date: [March 10, 2010]  
Insured: John Doe      Age : [35]      Face Amount: [10,000]  
Premium Class: [Non-Tobacco]

Form Number	Basic Benefit	Amount or Units	Maturity or Expiry Date	Years Premium	Payable
GDWL103	Graded Death Benefit Whole Life Insurance	\$10,000.00	March 1, 2075	\$323.90	Life

Total Annual Premium at Issue \$323.90  
Policy Loan Interest Rate – 7.40% Payable in Advance

Semi-Annual: \$165.84  
Quarterly: \$83.89  
Monthly: \$28.18

## STATEMENT OF POLICY AND BENEFIT INFORMATION

Date of Issue: [March 1, 2010]      Statement Preparation Date: [March 10, 2010]  
 Insured: [John Doe]      Age : [35]      Face Amount: [10,000]  
 Premium Class: [Non-Tobacco]

### Graded Death Benefit Whole Life Insurance

Year	Annual Premium	Cash Value	Death Benefit*
1	323.90	.00	356 **
2	323.90	.90	748 **
3	323.90	92.60	1,179 **
4	323.90	177.00	10,000
5	323.90	265.00	10,000
10	323.90	756.20	10,000
15	323.90	1,339.60	10,000
20	323.90	2,031.90	10,100
At Age			
60	323.90	2,813.40	10,000
65	323.90	3,669.30	10,000

### Guaranteed Values

10 <sup>th</sup> Year	20 <sup>th</sup> Year	
39.58	33.26	Life Insurance Surrender Cost Index
48.08	40.60	Life Insurance Net Payment Cost Index
.00	.00	Equivalent Level Annual Dividend

\*Values shown at the beginning of the Policy Year – all other values shown at the end of the Policy Year.

\*\*The Death Benefit is equal to 100% of the face amount for Accidental Death as defined in the Policy.